## PART B - FEE(S) TRANSMITTAL

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless correspondence address and or indicated unles

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying

papers, Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 79172 7590 07/12/2010 Certificate of Mailing or Transmission Duane Morris LLP I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 505 9th Street, N.W. Suite 1000. Washington, DC 20004 (Depositor's name (Signature APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 10/550:213 10/05/2006 Joseph P. Kennedy Jr. GRA26 020 1674 TITLE OF INVENTION: SYSTEM AND METHOD OF OPERATION FOR NETWORK OVERLAY GEOLOCATION SYSTEM WITH REPEATERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/12/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
PEREZ, ANGELICA		2618	455-011100				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63). Change of correspondence address (or Change of Correspondence Address form FT05B/122) attached.  Tee Address findication (or 'Tee Address' Indication form FT05B/47, Rev U3-20 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered natency or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	I_Duane Morris, LLP 2	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless as existing in identified below to assign data will prove as the patent. If an existence is identified below the decoupled for							

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Andrew LLC Hickory, North Carolina Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 📮 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Advance Order - # of Copies

maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1679 (enclose an extra copy of this form). □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_/Mark C. Comtois/ 7 September 2010 46,285 Mark C. Comtois Registration No. Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 manates to complete, including gathering, preparing, and within 50 cm and/or suggestion. For excluding gathering, preparing, and within 50 cm and/or suggestion. For excluding this bardon, should be sent to the chief Information Officer, U.S. Postarted Office, U.S. Department of Commerce P.O. Box 1450, Alexandria, Virginia 2231-450. DO NOT SEND FIES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.